

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040981

1. Entity Name

WELCOME HOMES MANAGEMENT, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90207 001 ***300.00

Principal Place of Business

Mailing Address

~~1406 W OAK ST~~
KISSIMMEE FL 34741
US

1106 W OAK ST
KISSIMMEE FL 34741-4177
US

2. Principal Place of Business

3146 Vineland Rd SESSR

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Florida

Zip

Country

Zip

Country

34746

USA

4. FEI Number

59-3389607

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMACK, ANNE-MARIE
1106 W OAK ST
KISSIMMEE FL 34741

Name

Anne-Marie McCormack

Street Address (P.O. Box Number is Not Acceptable)

3146 Vineland Rd SESSR

City

Kissimmee

FL

Zip Code

34746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

AM McCormack

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MEDINA, SARA L | |
| STREET ADDRESS | 2319 MILLBANK DR | |
| CITY-ST-ZIP | ORLANDO FL 32837 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | MCCORMACK, ANNE-MARIE | |
| STREET ADDRESS | 1106 W OAK STREET | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AM McCormack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/2000

407-390-2000

CR2E034 (9/99)